

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99) 1. CIR./DIST./ DIV. CODE 2. PERSON REPRESENTED VOUCHER NUMBER ANTHONY DIMATTEO 3. MAG. DKT/DEF. NUMBER 4. DIST. DKT/DEF. NUMBER 5. APPEALS DKT/DEF, NUMBER 6. OTHER DKT, NUMBER 12-2574-3(DEA) IN CASE/MATTER OF (Case Name) 8. PAYMENT CATEGORY 9. TYPE PERSON REPRESENTED REPRESENTATION TYPE Felony Petty Offense - Adult Defendant ☐ Appellant (See Instructions) USA V. GIORGIANNI, et al., Misdemeanor Other Juvenile Defendant ☐ Appellee Appeal Other 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 21:846 - CONSPIRACY TO DISTRIBUTE CONTROLLED SUBSTANCE 1 ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), 13. COURT ORDER AND MAILING ADDRESS (O) Appointing Counsel C Co-Counsel Subs For Federal Defender R Subs For Retained Attorney Edward Washburne, Esq. P Subs For Panel Attorney Y Standby Counsel 229 Broad Street Red Bank, NJ 07701 Prior Attorney's Name: Appointment Dates: Because the above-named person represented has testified under oath or has otherwise Telephone Number: 732-741-6681 satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose I NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) name appears in Item 12 is appointed to represent this person in this case, OR S Other (See Instructions) System Signature of Presiding Judicial Officer or By Order of the Court Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time ☐ YES appointment. CLAIM FOR SERVICES AND EXPENSES FOR COURT USE ONLY TOTAL MATH/TECH. MATH/TECH. HOURS CATEGORIES (Attach itemization of services with dates) ADDITIONAL AMOUNT ADJUSTED ADJUSTED CLAIMED REVIEW CLAIMED HOURS AMOUNT a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets) (RATE PER HOUR = \$ TOTALS: a. Interviews and Conferences b. Obtaining and reviewing records ō c. Legal research and brief writing d. Travel time e. Investigative and other work (Specify on additional sheets) (RATE PER HOUR = S TOTALS: Travel Expenses (lodging, parking, meals, mileage, etc.) Other Expenses (other than expert, transcripts, etc.) GRAND TOTALS (CLAIMED AND ADJUSTED): 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE 20. APPOINTMENT TERMINATION DATE 21. CASE DISPOSITION IF OTHER THAN CASE COMPLETION 22. CLAIM STATUS ☐ Final Payment ☐ Interim Payment Number ☐ Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this ☐ YES □ NO If yes, were you paid? \(\subseteq \text{YES} Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation?

YES □ NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney APPROVED FOR PAYMENT COURT USE ONLY 23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL EXPENSES 26. OTHER EXPENSES 27. TOTAL AMT. APPR./CERT. 28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER DATE 28a. JUDGE/MAG. JUDGE CODE 29. IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL EXPENSES 32. OTHER EXPENSES 33. TOTAL AMT. APPROVED 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved

DATE

in excess of the statutory threshold amount.

34a. JUDGE CODE